

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: OUR HOUSE II (0009454)

Address: N9211 CTY RD N, NESHKORO, WI 54960

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0095863 **End Date:** 10/12/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007213 Served 11/12/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(c)	UNIVERSAL PRECAUTIONS		
83.15(1)(c)1	ADEQUATE STAFFING		
83.18(1)(a)	RESIDENT RECORDS-GENERAL REQUIREMENTS		
83.18(1)(b)	ACCESS TO RECORD SHALL BE RESTRICTED		
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX		
83.33(3)(j)2	RECORD KEPT OF RETURNED/DESTROYED MEDS		
83.35(1)(f)	FOOD GUIDE PYRAMID		
83.35(3)(b)	MENU DATED AND KEPT ON FILE		
83.41(3)(b)	DINING & LIVING INTERNALLY ACCESSIBLE		
83.53(1)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS		
83.55(4)(b)3	EXTENSION CORD RESTRICTIONS		
83.55(4)(e)	SAFETY		

Survey ID: 0092676 **End Date:** 05/14/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Survey ID: 0091518 **End Date:** 11/05/2003 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007898 Served 11/14/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	09/26/2005	Yes
83.21(4)(h)	PRIVACY	09/26/2005	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	09/26/2005	Yes
83.32(2)(d)	REVIEW OF PROGRESS	09/26/2005	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	09/26/2005	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	09/26/2005	Yes

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CLASS CS (SEMIAMBULATORY)

Enforcement History

Date: 11/09/2005 SOD #10007213 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.14(1)(c)
FORFEITURE---83.15(1)(c)1
FORFEITURE---83.18(1)(a)

Date: 11/13/2003 SOD #10007898 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---50.065(2)(b)
FORFEITURE---83.32(2)(d)

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
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Complaint History

Date Complaint Received: 07/06/2005

Date Investigation Completed: 10/12/2005

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

11/10/05

11/10/05

Date Complaint Received: 04/20/2005

Date Investigation Completed: 10/12/2005

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/28/2005

Date Investigation Completed: 10/12/2005

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/21/2004

Date Investigation Completed: 05/24/2004

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

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